10017711

Application or Docket Number

11724 NP

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| | | CLAIMS AS | | | | 0) | | WALL EN | ITITY | | OTHER | |
|--|--|---|------------------|-------------|---------------------------------|------------------|---------|--------------------|------------------------|-----------|---------------------|------------------------|
| TO | TAL CLAIMS | | (Column | 1) | (Colur | nn 2) | T\ | /PE | | OR I r | SMALL | |
| TOTAL CLAIMS | | | 7-0 | | | | L | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | В | ASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | 🧷 🧷 minus 20= | | * 0 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | * ల | | | X42= | | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | <u></u> | | | +140= | | OR | +280= | |
| * If the difference in column 1 is less than zero, ente | | | | r "0" in c | olumn 2 | <u> </u> | TOTAL | | OR | TOTAL | 740 | |
| | | | | | | | OTHER | THAN | | | | |
| | | (Column 1) | | (Colu | | (Column 3) | _ | SMALL E | NTITY | OR | SMALL | ENTITY |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT A | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T OL ALA4 | | | X42= | | OR | X84= | |
| | FIRST PRESE | NTATION OF MI | ULTIPLE DEF | ENDEN | CLAIM | <u></u> | | +140= | | OR | +280= | |
| | | | | | | | L | TOTAL | | | TOTAL | |
| | | (O-1): 41 | | (O = 1 | O' | (Cal., | Αl | ODIT. FEE | | ı~'' | ADDIT. FEE | |
| AMENDMENT B | | (Column 1) CLAIMS | · _ | | mn 2) HEST | (Column 3) | | | ADDI- | i I | | ADDI- |
| | | REMAINING AFTER AMENDMENT | | PREVI | IBER OUSLY FOR | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | - 600 | |
| | | | | | | | L | +140= | | OR | +280= | |
| | | | | | | | A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | _ | mn 2) | (Column 3) | • | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREV | HEST MBER IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | ╽┞ | X42= | | OR | X84= | |
| | FIRST PRESE | ULTIPLE DE | PENDENT CLAI | | | J ├ | | | | | <u> </u> | |
| * | If the entry in colu | ımn 1 je lace than t | the entry in col | ıma 2 wri | te "O" in co | olumn 3 | | +140= | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | |
| | | nber Previously Pa | | | | | er four | nd in the ap | propriate bo | x in co | olumn 1. | |

NOTICE OF FEE DUE



| DATE: 12-18-01 | | ~.; | ** | | | | | | | |
|--|--------|---------|--|--|--|--|--|--|--|--|
| TO: <u>UTILITY</u> | | | | | | | | | | |
| FROM: Office of Initial Patent Examination | | | | | | | | | | |
| SUBJECT: Fee Due | | | | | | | | | | |
| APPLICATION NUMBER: 1001 | 7711 | | | | | | | | | |
| A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency. | | | | | | | | | | |
| ☐ Insufficient fee by check | | | | | | | | | | |
| ☑ Insufficient funds in deposit account | | | | | | | | | | |
| ☐ Declined credit card | | | | | | | | | | |
| □ Non authorization for charge to deposit account | | | | | | | | | | |
| □ No fee submitted per requirement ^A | | • | .• | | | | | | | |
| The correct fee code: | amount | \$ 740 | | | | | | | | |
| The suspended fee code: 197 | amount | - \$ | | | | | | | | |
| Fee Due | amount | =\$ 740 | <u>) </u> | | | | | | | |
| If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642. | | | | | | | | | | |
| Terminal Operator VTRUONG1 | | | | | | | | | | |